

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

WDS200045737

FILED

07 MAR -5 PM 3:12

CLERK OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 717428

1. Corporation Name

CLUB CHARMANT, INC  
4550 NW 160<sup>th</sup> STREET  
Reddick, FL 32686

500091533915

03/07/07--01004--016 \*\*1645.00

2. Principal Office Address

NW 44 Ave. Rd.

3. Mailing Office Address

4550 NW 160<sup>th</sup> ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Reddick

City & State

Reddick, FL

Zip

32686

Country

MARION

Zip

32686

Country

MARION

**REINSTATEMENT** 8/05 84-07

4. Date Incorporated or Qualified  
To Do Business in Florida

JAN 24, 1994

5. FEI Number

59-3218556

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Phillip Samuel, III

Street Address (P.O. Box Number is Not Acceptable)

4550 NW 160 STREET

Suite, Apt. #, Etc.

City

Reddick

State

FL

Zip Code

32686

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Phillip Samuel, III  
REGISTERED AGENT MUST SIGN

Date

9-27-05  
3-2-07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles    | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|-----------|--------------------------------------|---|--------------------|
| President | Phillip Samuel, III                  | 4550 NW 160 <sup>th</sup> ST.                     | Reddick, FL 32686  |
| Fin       | BILLYE WATERS                        | 15900 NW 44 AVE. RD                               | Reddick, FL 32686  |
| Sec. For  | Thelma Samuel                        | 4550 NW 160 <sup>th</sup> STREET                  | Reddick, FL 32686  |
| E         | EDNA SIMMONS                         | 524 SW 13 <sup>th</sup> AVE                       | DCALA, FL 32447    |
|           | 9/3/06                               |   |                    |
|           |                                      |   |                    |

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Phillip Samuel, III  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/05 352-591-1459  
Date Daytime Phone #